



Bluebird Box Registration Form

Saturday, April 9th 10am—noon

Freedom Park



*Name*_____

*Address*_____

Phone _____

*Cell*_____

*Age*_____

*Gender*_____

Emergency Contact

*Name*_____

*Number*_____

*Relationship*_____

*Special Notes*_____

Parent Signature

A \$15.00 registration fee must accompany registration. Checks made payable to Town of LaGrange. Must be 10 years of age or older to participate. Under 12 requires adult supervision.

Official Use Only

*Amt Paid*_____

*Cash*_____

*Check*_____

*Received by*_____

Date _____